



Minimum Standards Revision Notice

Date: September 19, 2022

Effective Date: September 19, 2022

To: All Holders of Chapter 749, Minimum Standards for Child-Placing Agencies

From: Rachel Ashworth-Mazerolle, HHSC Associate Commissioner for Child Care Regulation

Subject: Model Suicide Prevention, Intervention, and Postvention Policy

The amended, new, and repealed rules implement Texas Human Resources Code §42.0433 from SECTION 20 of Senate Bill 1896, 87th Legislature, Regular Session, 2021. The new statute requires Child Care Regulation (CCR) to adopt a model suicide prevention, intervention, and postvention policy for use by residential child-care facilities. The statute also requires each residential child-care facility to adopt either the CCR model policy or another suicide prevention, intervention, postvention policy that has been approved by the Executive Commissioner of HHSC. The proposed rules implement those changes for child-placing agencies (CPAs).

The changes are effective September 19, 2022.

Model Suicide Prevention, Intervention, and Postvention Policy

In addition to the changes noted below, some of the amended rules have additional changes to the wording to improve the readability and understanding of the rule.

Required Plans and Policies, Including During the Application Process

§749.103. What policies and procedures must I submit for Licensing's approval as part of the application process?

§749.136. What suicide prevention, intervention, and postvention policy must I have?

§749.137. What is the model suicide prevention, intervention, and postvention policy?

§749.138. What are the general requirements for an agency's policies and procedures?

Division 1 of Subchapter C has been renamed to Required Plans and Policies, Including During the Application Process.

Amended §749.103(b)(21) requires an agency, as part of the application process, to submit a suicide prevention, intervention, and postvention policy consistent with §749.136.

New §749.136:

- Requires an operation to adopt either:
 - The CCR model suicide prevention, intervention, and postvention policy provided in §749.137; or
 - Another suicide prevention, intervention, postvention policy that is approved by the Executive Commissioner of HHSC or a designee, which must:
 - Address suicide prevention, intervention, and postvention;
 - Be based on current and best evidence-based practices;
 - Require employees to receive annual suicide prevention training that includes an understanding of safety planning and screening for risk;

- Require foster parents in homes verified to care for children five years of age or older to complete at least one hour of suicide prevention training within a year of being verified and every two years thereafter;
 - Promote suicide prevention training for non-employees, as appropriate; and
 - Include plans and procedures to support children who return to the agency’s care following hospitalization for a mental health condition; and
- The suicide prevention, intervention, and postvention policy adopted by a GRO may be part of a broader mental health crisis plan if the components of the plan include suicide prevention, intervention, and postvention.

New §749.137 is the model suicide prevention, intervention, and postvention policy that includes:

- A purpose statement;
- Definitions for:
 - Postvention;
 - Protective factors of suicide;
 - Risk factors of suicide;
 - Suicide contagion;
 - Suicide risk assessment;
 - Suicide risk screening; and
 - Warning signs of suicide;
- Training requirements:
 - Employees must complete at least one hour of suicide prevention training annually;
 - Foster parents verified to care for children five years of age or older must complete at least one hour of suicide prevention training:
 - Within a year of verification; and
 - Every two years thereafter;

- The suicide prevention training must meet the instructor and documentation requirements;
- The curriculum for the suicide prevention training must include:
 - Risk factors, protective factors, and warning signs of suicide;
 - Understanding safety planning; and
 - Understanding suicide screening; and
- The operation must promote suicide prevention, intervention, and postvention training for non-employees, as appropriate;
- Policy requirements for suicide risk screening that:
 - Describes the suicide risk screening tool that the operation will use and the process for implementing the screenings;
 - Describes how the screening tool is supported by evidence-based research demonstrating that the tool performs reliably [Note: If the Helpful Information box in the courtesy copy of the Chapter 749 Minimum Standards already describes the screening tool as evidence-based with ample research supporting its validity and reliability, then no further description in the policy is required by the operation.];
 - Documents the persons who will be administering the screening tool and how they meet the conditions and training requirements for administering the tool;
 - Requires the screening tool to be administered, at a minimum:
 - At admission for each child 10 years of age or older;
 - At admission for each child younger than 10 years of age if:
 - The information provided to the operation at the time of admission indicates that the child has a history of suicide attempt or suicidal thoughts; or
 - The parent who admits the child, a foster parent, or child-placing agency requests a screening;
 - Every 90 days for all children 10 years of age or older; and
 - Immediately for a child of any age whenever the child exhibits warning signs of suicide that necessitate it, including when requested by a foster parent;

- For children receiving adoption services, the screening tool must be administered immediately for a child of any age whether the child exhibits warning signs of suicide that necessitate it, including when requested by an adoptive parent;
- Performs the screening in a manner that protects the child’s privacy; and
- Mandates the documentation of the screening.
- Intervention requirements based on the results of the screening:
 - If the suicide risk screening finds a child to be a high or potential risk of suicide, the operation must:
 - Immediately refer the child to a mental health professional for a suicide risk assessment;
 - Monitor the child based on the level of risk (for a high risk, do not leave the child alone until a mental health professional assesses the child; for a potential risk, closely monitor the child to ensure the child’s safety until a mental health professional assesses the child);
 - Remove harmful objects, chemicals, or substances;
 - Alert caregivers and supervisors of the risk of suicide and any updated safety plans; and
 - Follow through with any recommendations made by a mental health professional and update the child’s safety plan and service plan;
- Intervention requirements for a child that returns to a foster home under the same child-placing agency post hospitalization for a mental health crisis must include:
 - A meeting between a professional level service provider and the child within 24 hours of the child’s arrival to a home;
 - Weekly suicide risk screenings for the first 30 days or until the child is no longer reporting suicidal thoughts;
 - Updating the child’s safety plan;
 - Removing harmful objects, chemicals, or substances for at least 30 days; and
 - Alerting caregivers and supervisors of the new protocols and updated safety plan;
- Postvention requirements must include:

- The establishment of a postvention team to develop a written action plan with protocols in the event of a death by suicide to include:
 - A communication strategy;
 - Mental health resources for children and staff that have a difficult time coping; and
 - A review of the lessons learned;
- Addressing suicide attempts by:
 - As needed, immediately call emergency services and render first aid until medical treatment can be provided;
 - Not leave the child alone until a mental health professional assess the child;
 - Move all other children out of the immediate area;
 - Report and document the suicide attempt as a serious incident;
 - Offer mental health resources for children and staff; and
 - Conduct a review of lessons learned.

New §749.138 replaces repealed §749.137. Only minor changes from the repealed rule were made to improve the readability and understanding of these general requirements for an operation’s policies and procedures.

Admissions, Admission Assessment, Emergency Admission, and Service Plans

§749.1107. What information must I document in the child's record at the time of admission?

§749.1135. What are the additional admission assessment requirements when I admit a child for treatment services?

§749.1189. At the time of an emergency admission, what information must I document in the child's record?

§749.1309. What must a child's initial service plan include?

Amended §749.1107(a)(13) and (14) requires additional documentation of the following information in the child’s record at the time of admission:

- If a suicide risk screening is required at admission and the child is screened as having a high or potential risk of suicide:
 - The identification of any risk factors or warning signs of suicide; and
 - The safety plan staff and caregivers will implement related to the risk factors and warning signs; and
- The results of a suicide screening at admission, if required.

Amended §749.1135 clarifies that the additional admission assessment requirements in paragraph (4) will apply when either an operation intends to provide services to a child that is determined to be an immediate danger to others based on the child’s behavior and history within the last two months, or when a child is screened as a high or potential risk of suicide based on the results of a suicide risk screening at admission.

Amended §749.1189(7) and (8) requires additional documentation of the following information in the child’s record at the time of an emergency admission:

- If a suicide risk screening is required at admission and the child is screened as having a high or potential risk of suicide:
 - The identification of any risk factors or warning signs of suicide; and
 - The safety plan staff and caregivers will implement related to the risk factors and warning signs; and
- The results of a suicide screening at admission, if required.

Amended §749.1309(b)(1)(H) broadens the requirement for plans to minimize risk of harm and a safety contract between the child and staff to include children that have a suicide risk screening that indicates a high or potential risk of suicide.

Adoption Services

§749.3391. What information must I compile for a child I am considering for adoptive placement?

§749.3395. What information must I provide the adoptive parents prior to or at the time of adoptive placement?

§749.3423. What responsibility do I have to offer counselling services to the adoptive family?

Amended §749.3391 clarifies that the health history of the child in a Health, Social, Educational, and Genetic History report must include any available results of a suicide risk assessment.

Amended §749.3395 clarifies that the information about community services and other resources that must be made to support a parent who adopts a child must include community services and other resources for a child who has suicidal thoughts or attempts suicide.

Amended §749.3423 requires that the counseling services offered to an adoptive placement include mental health resources when a child has suicidal thoughts or has attempted suicide or there has been a suicide death.